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** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MD	SHEETS DRAWING 10	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
ADDRESS NATIONAL INSTITUTE OF HEALTH C/O NEEDLE & ROSENBERG, P.C. 999 PEACHTREE STREET SUITE 1000 ATLANTA ,GA 30309					
TITLE PHAGE DISPLAY OF INTACT DOMAINS AT HIGH COPY NUMBER					
FILING FEE RECEIVED 2012	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		